

Extraordinary care for every generation.

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### MPFL RECONSTRUCTION REHABILITATION\*\*

The following is a protocol for postoperative patients following Medial Patellofemoral Ligament Reconstruction. The primary goal of this protocol is to protect the repair while steadily progressing towards and ultimately achieving pre-injury level of activity. Please note this protocol is a <u>guideline</u>. This protocol is aggressive with ROM and activation of the quadriceps muscle due to the likelihood of stiffness and quadricep weakness with this procedure.

### PHASE I: ~0-2 WEEKS POSTOPERATIVE

## GOALS:

- Pain / effusion control
- No extensor lag

### AMBULATION AND BRACE USE:

Dressing – POD 1: Debulk dressing, TED Hose in place

 POD 2: Change dressing, keep wound covered, continue TED Hose

 POD 7-10: Sutures out, D/C TED Hose when effusion resolved

Brace - Days 1-7: Locked in extension

- Weeks 1-2: Locked at 0-20 degrees

Crutches – Weight bearing as tolerated (WBAT) (D/C when gait is normal)

#### **EXERCISES:**

AROM, AAROM 0-20 degrees

Patellar mobilization (teach patient)

Calf pumping

Passive extension with heel on bolster or prone

Electrical stimulation in full extension with quad sets and SLR

Quad sets, Co-contractions quads / HS

Straight leg raise (SLR) x 4 on mat, in brace (parallel

bars if poor quad control)

Double leg heel raises

Gentle Hamstring stretching

Ice pack with knee in full extension after exercise

### PHASE II: ~2-4 WEEKS POSTOPERATIVE

### GOALS:

- Normal gait
- AROM 0-60 degrees

AMBULATION AND BRACE USE:

Brace - Weeks 2-3: 0-45 degrees

Weeks 3-4: 0-60 degrees

**EXERCISES:** 

Continue appropriate previous exercises

Scar massage when incision healed

AAROM, AROM 0-60 degrees

SLR x 4 on mat, without brace – no resistance

Single leg heel raises

Stretches - Hamstring, hip flexors, ITB

### PHASE III: ~4-6 WEEKS POSTOPERATIVE

### GOALS:

- ROM 0-90 degrees
- No effusion

AMBULATION AND BRACE USE:

Brace - Weeks 4-5: 0-75 degrees

- Weeks 5-6: 0-90 degrees

EXERCISES:

Continue appropriate previous exercises

AROM, AAROM 0-90 degrees

Standing SLR x 4 with light weight at ankle

Weight shifts, Mini squats

Short arc quads with light weight as tolerated

Total Gym – Mini squats (level 3-5) – No flexion > 45 degrees

Passive flexion to 90 degrees (push up with opposite leg)

Leg press 0-45 degrees with light resistance

Hamstring curls 0-45 degrees – Carpet drags or

rolling stool (closed chain)

Proprioception ex – Double leg BAPS

Stationary bike for ROM

Pool therapy



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### PHASE IV: ~6-9 WEEKS POSTOPERATIVE

GOALS: Full AROM

AMBULATION AND BRACE USE: Brace – Weeks 6-7: 0-105 degrees – Weeks 7-9: 0-120 degrees

### **EXERCISES:**

Continue appropriate previous exercises PROM, AAROM, AROM through full range Wall squats – No knee flexion past 45 degrees Standing SLR x 4 with Theraband bilaterally Forward, lateral and retro step downs – No knee flexion past 45 degrees (small step) Proprioceptive ex – Single leg BAPS, ball toss, and body blade Hamstring curls through full range – Carpet drag or rolling stool (closed chain) Stationary bike – Progressive resistance and time Elliptical trainer Treadmill – Forwards and backwards walking

### PHASE V: ~9-12 WEEKS POSTOPERATIVE

GOALS:

Walk 2 miles at 15 min/mile pace

AMBULATION AND BRACE USE: D/C brace

#### **EXERCISES:**

Continue appropriate previous exercises with progressive resistance
PROM, AAROM, AROM to regain full motion
Hamstring curl weight machine
Knee extension weight machine
Hip weight machine x 4 bilaterally
Forward, lateral and retro step downs – Medium to large step
Treadmill – Walking progression program

### PHASE VI: 12+ WEEKS

May begin treadmill jogging intervals Progress to light agility and functional training exercises as tolerated

# Return to Sport Criteria:

- 1. Full knee ROM
- 2. No pain
- 3. Good Quad contraction
- 4. Strength at 90% of the opposite side
- 5. Hop test 90% of opposite side

<sup>\*\*</sup>This protocol is designed to be administered by a licensed physical therapist and/or certified athletic trainer. Please do not hesitate to contact our office should you have any questions concerning the rehabilitation process.